Small for Gestational Age

Definition/ cut-off value

For infants and children < 2 years of age:

Presence of small for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

<u>Note:</u> See "Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth weight and Very Low Birth Weight Infants" for more discussion on the anthropometric assessment and nutritional care of SGA infants.

Participant category and priority level

Category	Priority
Infants	I
Children <24 months old	III

Justification

Impairment of fetal growth can have adverse effects on the nutrition and health of children during infancy and childhood, including higher mortality and morbidity, slower physical growth, and possibly slower mental development. Infants who are small for gestational age (SGA) are also more likely to have congenital abnormalities. Severely growth-retarded infants are at markedly increased risk for fetal and neonatal death, hypoglycemia, hypocalcemia, polycythemia, and neurocognitive complications of pre- and intrapartum hypoxia. Over the long term, growth-retarded infants may have permanent mild deficits in growth and neurocognitive development.

WIC staff should routinely complete anthropometric assessments and follow-up (to include coordination with and referral to, other health care providers and services) for infants/children with a diagnosis/history of SGA who have not yet demonstrated normal growth patterns.

Clarifications/ Guidelines

Small for Gestational Age is NOT the same as low birth weight. The diagnosis of small for gestational age must be made by a physician and is based on an intrauterine growth reference. These reference tables are not used in the WIC clinic; therefore, this condition MUST be reported through a physician's diagnosis and documented on the health history form.

If the infant or child was born premature, assessment of growth must be based on the calculated adjusted/gestational age up to two years of age.

Self-reporting of a diagnosis by a medical professional should not be confused

Clarifications/ Guidelines (cont)

with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has…") should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

Cited References

1. Institute of Medicine: WIC Nutrition Risk Criteria: A scientific assessment. Washington (DC): National Academy Press; 1996; p. 100.

Additional References

1. Behrman RE, Kliegman R, Jenson HB. Nelson textbook of pediatrics. Philadelphia (PA): Saunders; 2000.

2. Groh-Wargo S, Thompson M, Cox J, editors. Nutritional care for high-risk newborns. Rev. 3rd editions. Chicago (IL): Precept Press, Inc.; 2000.

3. Kessler DB, Dawson P, editors. Failure to thrive and pediatric undernutrition, a transdisciplinary approach. Baltimore (MD): Paul H. Brooks Publishing Company, Inc.; 1999.